



House of Representatives

General Assembly

File No. 369

February Session, 2000

Substitute House Bill No. 5792

House of Representatives, April 3, 2000

The Committee on Public Health reported through REP. EBERLE of the 15th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

An Act Making Technical And Other Changes To Certain Public Health Statutes.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-122b of the general statutes is repealed and
2 the following is substituted in lieu thereof:

3 Notwithstanding the provisions of chapters 368v and 368z, an
4 organization licensed as a hospice pursuant to the Public Health Code
5 or certified as a hospice pursuant to 42 USC Section 1395x, shall be
6 authorized, until October 1, [2000] 2001, to operate on a pilot basis a
7 residence for terminally ill persons, for the purpose of providing
8 hospice home care arrangements including, but not limited to, hospice
9 home care services and supplemental services. Such arrangements
10 shall be provided to those patients who would otherwise receive such
11 care from family members. The residence shall provide a homelike
12 atmosphere for such patients for a time period deemed appropriate for
13 home health care services under like circumstances. Any hospice

14 which operates a residence pursuant to the provisions of this section
15 shall cooperate with the Commissioner of Public Health to develop
16 standards for the licensure and operation of such homes.

17 Sec. 2. Subsection (a) of section 20-94a of the general statutes, as
18 amended by section 2 of public act 99-168, is repealed and the
19 following is substituted in lieu thereof:

20 (a) The Department of Public Health may issue an advanced
21 practice registered nurse license to a person seeking to perform the
22 activities described in subsection (b) of section 20-87a, as amended,
23 upon receipt of a fee of one hundred dollars, to an applicant who:
24 [satisfies the following requirements: (1) Maintains] (1) Is eligible for a
25 license as a registered nurse in this state, as provided by section 20-93
26 or 20-94; (2) holds and maintains current certification as a nurse
27 practitioner, a clinical nurse specialist or a nurse anesthetist from one
28 of the following national certifying bodies that certify nurses in
29 advanced practice: The American Nurses' Association, the Nurses'
30 Association of the American College of Obstetricians and
31 Gynecologists Certification Corporation, the National Board of
32 Pediatric Nurse Practitioners and Associates or the American
33 Association of Nurse Anesthetists, their successors or other
34 appropriate national certifying bodies approved by the board of
35 examiners for nursing; (3) has completed thirty hours of education in
36 pharmacology for advanced nursing practice; and (4) if first certified
37 by one of the foregoing certifying bodies after December 31, 1994,
38 holds a master's degree in nursing or in a related field recognized for
39 certification as either a nurse practitioner, a clinical nurse specialist, or
40 a nurse anesthetist by one of the foregoing certifying bodies. No
41 license shall be issued under this section to any applicant against
42 whom professional disciplinary action is pending or who is the subject
43 of an unresolved complaint.

44 Sec. 3. Section 20-195c of the general statutes, as amended by section

45 53 of public act 99-2 of the June special session, is repealed and the
46 following is substituted in lieu thereof:

47 (a) Each applicant for licensure as a marital and family therapist
48 shall present to the department satisfactory evidence that [he] such
49 applicant has: (1) Completed a graduate degree program specializing
50 in marital and family therapy from a regionally accredited college or
51 university or an accredited postgraduate clinical training program
52 approved by the Commission on Accreditation for Marriage and
53 Family Therapy Education and recognized by the United States
54 Department of Education; (2) completed a minimum of twelve months
55 of a supervised practicum or internship to be completed within a
56 period not to exceed twenty-four consecutive months with emphasis in
57 marital and family therapy supervised by the program granting the
58 requisite degree or by an accredited postgraduate clinical training
59 program, approved by the commission on accreditation for marriage
60 and family therapy education recognized by the United States
61 Department of Education in which the student received a minimum of
62 five hundred direct clinical hours that included one hundred hours of
63 clinical supervision; (3) completed a minimum of twelve months of
64 relevant postgraduate experience, including at least (A) one thousand
65 hours of direct client contact offering marital and family therapy
66 services subsequent to being awarded a master's degree or doctorate or
67 subsequent to the training year specified in subdivision (2) of this
68 subsection, and (B) one hundred hours of postgraduate clinical
69 supervision provided by a licensed marital and family therapist who is
70 not directly compensated by such applicant for providing such
71 supervision; and (4) passed an examination prescribed by the
72 department. The fee shall be two hundred fifty dollars for each initial
73 application. [Licenses may be renewed annually in accordance with
74 the provisions of section 19a-88. The fee for such renewal shall be two
75 hundred fifty dollars.]

76 (b) The department may grant licensure without examination,

77 subject to payment of fees with respect to the initial application, to any
78 applicant who is currently licensed or certified in another state as a
79 marital or marriage and family therapist on the basis of standards
80 which, in the opinion of the department, are substantially similar to or
81 higher than those of this state. No license shall be issued under this
82 section to any applicant against whom professional disciplinary action
83 is pending or who is the subject of an unresolved complaint.

84 (c) Notwithstanding the requirements of this section, the
85 commissioner shall, not later than February 6, 2000, grant a license as a
86 marital and family therapist to any person who applies for licensure
87 prior to January 1, 2000, and submits satisfactory evidence that the
88 applicant has (1) a minimum of ten years of relevant experience as of
89 January 1, 1998, including a minimum of five years work experience
90 under an approved supervisor or approved substitute supervisor of
91 the American Association for Marriage and Family Therapy or
92 supervisor or substitute supervisor certified or licensed under this
93 chapter, or (2) successfully completed, prior to January 1, 1985, either
94 (A) a graduate degree program specializing in marital and family
95 therapy or (B) an accredited postgraduate clinical training program
96 approved by the Commission on Accreditation for Marriage and
97 Family Therapy Education and recognized by the United States
98 Department of Education.

99 (d) Licenses issued under this section may be renewed annually in
100 accordance with the provisions of section 19a-88, as amended. The fee
101 for such renewal shall be two hundred fifty dollars. Each licensed
102 marital and family therapist applying for license renewal shall furnish
103 evidence satisfactory to the commissioner of having participated in
104 continuing education programs. The commissioner shall adopt
105 regulations, in accordance with chapter 54, to (1) define basic
106 requirements for continuing education programs, (2) delineate
107 qualifying programs, (3) establish a system of control and reporting,
108 and (4) provide for waiver of the continuing education requirement for

109 good cause.

110 Sec. 4. Section 20-275 of the general statutes is repealed and the
111 following is substituted in lieu thereof:

112 (a) Each person licensed under the provisions of this chapter shall
113 register annually with the department in accordance with the
114 provisions of section 19a-88, as amended, on forms provided by the
115 department, such registration to be accompanied by a fee of fifty
116 dollars.

117 (b) Each licensed hypertrichologist applying for license renewal
118 shall furnish evidence satisfactory to the Commissioner of Public
119 Health of having participated in continuing education programs. The
120 commissioner shall adopt regulations, in accordance with chapter 54,
121 to (1) define basic requirements for continuing education programs, (2)
122 delineate qualifying programs, (3) establish a system of control and
123 reporting, and (4) provide for waiver of the continuing education
124 requirement for good cause.

125 Sec. 5. Section 38a-488a of the general statutes, as amended by
126 section 27 of public act 99-284, is repealed and the following is
127 substituted in lieu thereof:

128 (a) Each individual health insurance policy providing coverage of
129 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
130 38a-469 delivered, issued for delivery, renewed, amended or continued
131 in this state on or after January 1, 2000, shall provide benefits for the
132 diagnosis and treatment of mental or nervous conditions. For the
133 purposes of this section, "mental or nervous conditions" means mental
134 disorders, as defined in the most recent edition of the American
135 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
136 Disorders". "Mental or nervous conditions" does not include (1) mental
137 retardation, (2) learning disorders, (3) motor skills [disorder] disorders,
138 (4) communication disorders, (5) caffeine-related disorders, (6)

139 relational problems, and (7) additional conditions that may be a focus
140 of clinical attention, that are not otherwise defined as mental disorders
141 in the most recent edition of the American Psychiatric Association's
142 "Diagnostic and Statistical Manual of Mental Disorders".

143 (b) No such policy shall establish any terms, conditions or benefits
144 that place a greater financial burden on an insured for access to
145 diagnosis or treatment of mental or nervous conditions than for
146 diagnosis or treatment of medical, surgical or other physical health
147 conditions.

148 (c) In the case of benefits payable for the services of a licensed
149 physician, such benefits shall be payable for the same services when
150 such services are lawfully rendered by a psychologist licensed under
151 the provisions of chapter 383 or by such a licensed psychologist in a
152 licensed hospital or clinic.

153 (d) (1) In the case of benefits payable for the services of a licensed
154 physician or psychologist, such benefits shall be payable for the same
155 services when such services are rendered by a clinical social worker
156 who is licensed under the provisions of chapter 383b and who has
157 passed the clinical examination of the American Association of State
158 Social Work Boards and has completed at least two thousand hours of
159 the post-master's social work experience in a nonprofit agency
160 qualifying as a tax-exempt organization under Section 501(c) of the
161 Internal Revenue Code of 1986 or any subsequent corresponding
162 internal revenue code of the United States, as from time to time
163 amended, in a municipal, state or federal agency or in an institution
164 licensed by the Department of Public Health under section 19a-490. (2)
165 In the case of benefits payable for the services of a licensed physician
166 or psychologist, such benefits shall be payable for the same services
167 when such services are rendered by a social worker who was certified
168 as an independent social worker under the provisions of chapter 383b
169 prior to October 1, 1990. (3) In the case of benefits payable for the

170 services of a licensed physician or psychologist, such benefits shall be
171 payable for the same services when such services are rendered by a
172 licensed marital and family therapist who has completed at least two
173 thousand hours of the post-master's marriage and family therapy work
174 experience in a nonprofit agency qualifying as a tax-exempt
175 organization under Section 501(c) of the Internal Revenue Code of 1986
176 or any subsequent corresponding internal revenue code of the United
177 States, as from time to time amended, in a municipal, state or federal
178 agency or in an institution licensed by the Department of Public Health
179 under section 19a-490. (4) In the case of benefits payable for the
180 services of a licensed physician or psychologist, such benefits shall be
181 payable for the same services when such services are rendered by a
182 marital and family therapist who was certified under the provisions of
183 chapter 383a prior to October 1, 1992. (5) In the case of benefits payable
184 for the services of a licensed physician or psychologist, such benefits
185 shall be payable for the same services when such services are rendered
186 by a licensed alcohol and drug counselor, as defined in section 20-74s,
187 as amended or a certified alcohol and drug counselor, as defined in
188 section 20-74s, as amended. (6) In the case of benefits payable for the
189 services of a licensed physician or psychologist, such benefits shall be
190 payable for the same services when such services are rendered by a
191 licensed professional counselor.

192 (e) For purposes of this section, the term "covered expenses" means
193 the usual, customary and reasonable charges for treatment deemed
194 necessary under generally accepted medical standards, except that in
195 the case of a managed care plan, as defined in section 38a-478,
196 "covered expenses" means the payments agreed upon in the contract
197 between a managed care organization, as defined in section 38a-478,
198 and a provider, as defined in section 38a-478.

199 (f) (1) In the case of benefits payable for the services of a licensed
200 physician, such benefits shall be payable for services rendered in a
201 child guidance clinic or residential treatment facility by a person with a

202 master's degree in social work or by a person with a master's degree in
203 marriage and family therapy under the supervision of a psychiatrist,
204 physician, licensed marital and family therapist, or licensed clinical
205 social worker who is eligible for reimbursement under subdivisions (1)
206 to (4), inclusive, of subsection (d) of this section. (2) In the case of
207 benefits payable for the services of a licensed psychologist under
208 subsection (d) of this section, such benefits shall be payable for services
209 rendered in a child guidance clinic or residential treatment facility by a
210 person with a master's degree in social work or by a person with a
211 master's degree in marriage and family therapy under the supervision
212 of such licensed psychologist, licensed marital and family therapist, or
213 licensed clinical social worker who is eligible for reimbursement under
214 subdivisions (1) to (4), inclusive, of subsection (d) of this section. (3) In
215 the case of benefits payable for the services of a licensed physician,
216 such benefits shall be payable for services rendered in a residential
217 treatment facility by a licensed or certified alcohol and drug counselor
218 who is eligible for reimbursement under subdivision (5) of subsection
219 (d) of this section. (4) In the case of benefits payable for the services of
220 a licensed psychologist under subsection (d) of this section, such
221 benefits shall be payable for services rendered in a residential
222 treatment facility by a licensed or certified alcohol and drug counselor
223 who is eligible for reimbursement under subdivision (5) of subsection
224 (d) of this section. (5) In the case of benefits payable for the services of
225 a licensed physician, such benefits shall be payable for services
226 rendered in a residential treatment facility by a licensed professional
227 counselor who is eligible for reimbursement under subdivision (6) of
228 subsection (d) of this section. (6) In the case of benefits payable for the
229 services of a licensed psychologist under subsection (d) of this section,
230 such benefits shall be payable for services rendered in a residential
231 treatment facility by a licensed professional counselor who is eligible
232 for reimbursement under subdivision (6) of subsection (d) of this
233 section.

234 (g) In the case of benefits payable for the service of a licensed

235 physician practicing as a psychiatrist or a licensed psychologist, under
236 subsection (d) of this section, such benefits shall be payable for
237 outpatient services rendered (1) in a nonprofit community mental
238 health center, as defined by the Department of Mental Health and
239 Addiction Services, in a nonprofit licensed adult psychiatric clinic
240 operated by an accredited hospital or in a residential treatment facility;
241 (2) under the supervision of a licensed physician practicing as a
242 psychiatrist, a licensed psychologist, a licensed marital and family
243 therapist, a licensed clinical social worker, [or] a licensed or certified
244 alcohol and drug counselor or a licensed professional counselor who is
245 eligible for reimbursement under subdivisions (1) to [(5)] (6), inclusive,
246 of subsection (d) of this section; and (3) within the scope of the license
247 issued to the center or clinic by the Department of Public Health or to
248 the residential treatment facility by the Department of Children and
249 Families.

250 (h) Except in the case of emergency services or in the case of services
251 for which an individual has been referred by a physician affiliated
252 with a health care center, nothing in this section shall be construed to
253 require a health care center to provide benefits under this section
254 through facilities that are not affiliated with the health care center.

255 (i) In the case of any person admitted to a state institution or facility
256 administered by the Department of Mental Health and Addiction
257 Services, Department of Public Health, Department of Children and
258 Families or the Department of Mental Retardation, the state shall have
259 a lien upon the proceeds of any coverage available to such person or a
260 legally liable relative of such person under the terms of this section, to
261 the extent of the per capita cost of such person's care. Except in the case
262 of emergency services, the provisions of this subsection shall not apply
263 to coverage provided under a managed care plan, as defined in section
264 38a-478.

265 Sec. 6. Section 38a-514 of the general statutes, as amended by section

266 28 of public act 99-284, is repealed and the following is substituted in
267 lieu thereof:

268 (a) Except as provided in subsection (j) of this section, each group
269 health insurance policy, providing coverage of the type specified in
270 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
271 issued for delivery, renewed, amended or continued in this state on or
272 after January 1, 2000, shall provide benefits for the diagnosis and
273 treatment of mental or nervous conditions. For the purposes of this
274 section, "mental or nervous conditions" means mental disorders, as
275 defined in the most recent edition of the American Psychiatric
276 Association's "Diagnostic and Statistical Manual of Mental Disorders".
277 "Mental or nervous conditions" does not include (1) mental
278 retardation, (2) learning disorders, (3) motor skills [~~disorder~~] disorders,
279 (4) communication disorders, (5) caffeine-related disorders, (6)
280 relational problems, and (7) additional conditions that may be a focus
281 of clinical attention, that are not otherwise defined as mental disorders
282 in the most recent edition of the American Psychiatric Association's
283 "Diagnostic and Statistical Manual of Mental Disorders".

284 (b) No such group policy shall establish any terms, conditions or
285 benefits that place a greater financial burden on an insured for access
286 to diagnosis or treatment of mental or nervous conditions than for
287 diagnosis or treatment of medical, surgical or other physical health
288 conditions.

289 (c) In the case of benefits payable for the services of a licensed
290 physician, such benefits shall be payable for the same services when
291 such services are lawfully rendered by a psychologist licensed under
292 the provisions of chapter 383 or by such a licensed psychologist in a
293 licensed hospital or clinic.

294 (d) (1) In the case of benefits payable for the services of a licensed
295 physician or psychologist, such benefits shall be payable for the same
296 services when such services are rendered by a clinical social worker

297 who is licensed under the provisions of chapter 383b and who has
298 passed the clinical examination of the American Association of State
299 Social Work Boards and has completed at least two thousand hours of
300 the post-master's social work experience in a nonprofit agency
301 qualifying as a tax-exempt organization under Section 501(c) of the
302 Internal Revenue Code of 1986 or any subsequent corresponding
303 internal revenue code of the United States, as from time to time
304 amended, in a municipal, state or federal agency or in an institution
305 licensed by the Department of Public Health under section 19a-490. (2)
306 In the case of benefits payable for the services of a licensed physician
307 or psychologist, such benefits shall be payable for the same services
308 when such services are rendered by a social worker who was certified
309 as an independent social worker under the provisions of chapter 383b
310 prior to October 1, 1990. (3) In the case of benefits payable for the
311 services of a licensed physician or psychologist, such benefits shall be
312 payable for the same services when such services are rendered by a
313 licensed marital and family therapist who has completed at least two
314 thousand hours of the post-master's marriage and family therapy work
315 experience in a nonprofit agency qualifying as a tax-exempt
316 organization under Section 501(c) of the Internal Revenue Code of 1986
317 or any subsequent corresponding internal revenue code of the United
318 States, as from time to time amended, in a municipal, state or federal
319 agency or in an institution licensed by the Department of Public Health
320 under section 19a-490. (4) In the case of benefits payable for the
321 services of a licensed physician or psychologist, such benefits shall be
322 payable for the same services when such services are rendered by a
323 marital and family therapist who was certified under the provisions of
324 chapter 383a prior to October 1, 1992. (5) In the case of benefits payable
325 for the services of a licensed physician or psychologist, such benefits
326 shall be payable for the same services when such services are rendered
327 by a licensed alcohol and drug counselor, as defined in section 20-74s,
328 as amended, or a certified alcohol and drug counselor, as defined in
329 section 20-74s, as amended. (6) In the case of benefits payable for the

330 services of a licensed physician or psychologist, such benefits shall be
331 payable for the same services when such services are rendered by a
332 licensed professional counselor.

333 (e) For purposes of this section, the term "covered expenses" means
334 the usual, customary and reasonable charges for treatment deemed
335 necessary under generally accepted medical standards, except that in
336 the case of a managed care plan, as defined in section 38a-478,
337 "covered expenses" means the payments agreed upon in the contract
338 between a managed care organization, as defined in section 38a-478,
339 and a provider, as defined in section 38a-478.

340 (f) (1) In the case of benefits payable for the services of a licensed
341 physician, such benefits shall be payable for services rendered in a
342 child guidance clinic or residential treatment facility by a person with a
343 master's degree in social work or by a person with a master's degree in
344 marriage and family therapy under the supervision of a psychiatrist,
345 physician, licensed marital and family therapist or licensed clinical
346 social worker who is eligible for reimbursement under subdivisions (1)
347 to (4), inclusive, of subsection (d) of this section. (2) In the case of
348 benefits payable for the services of a licensed psychologist under
349 subsection (d) of this section, such benefits shall be payable for services
350 rendered in a child guidance clinic or residential treatment facility by a
351 person with a master's degree in social work or by a person with a
352 master's degree in marriage and family therapy under the supervision
353 of such licensed psychologist, licensed marital and family therapist or
354 licensed clinical social worker who is eligible for reimbursement under
355 subdivisions (1) to (4), inclusive, of subsection (d) of this section. (3) In
356 the case of benefits payable for the services of a licensed physician,
357 such benefits shall be payable for services rendered in a residential
358 treatment facility by a licensed or certified alcohol and drug counselor
359 who is eligible for reimbursement under subdivision (5) of subsection
360 (d) of this section. (4) In the case of benefits payable for the services of
361 a licensed psychologist under subsection (d) of this section, such

362 benefits shall be payable for services rendered in a residential
363 treatment facility by a licensed or certified alcohol and drug counselor
364 who is eligible for reimbursement under subdivision (5) of subsection
365 (d) of this section. (5) In the case of benefits payable for the services of
366 a licensed physician, such benefits shall be payable for services
367 rendered in a residential treatment facility by a licensed professional
368 counselor who is eligible for reimbursement under subdivision (6) of
369 subsection (d) of this section. (6) In the case of benefits payable for the
370 services of a licensed psychologist under subsection (d) of this section,
371 such benefits shall be payable for services rendered in a residential
372 treatment facility by a licensed professional counselor who is eligible
373 for reimbursement under subdivision (6) of subsection (d) of this
374 section.

375 (g) In the case of benefits payable for the service of a licensed
376 physician practicing as a psychiatrist or a licensed psychologist, under
377 subsection (d) of this section, such benefits shall be payable for
378 outpatient services rendered (1) in a nonprofit community mental
379 health center, as defined by the Department of Mental Health and
380 Addiction Services, in a nonprofit licensed adult psychiatric clinic
381 operated by an accredited hospital or in a residential treatment facility;
382 (2) under the supervision of a licensed physician practicing as a
383 psychiatrist, a licensed psychologist, a licensed marital and family
384 therapist, a licensed clinical social worker, [or] a licensed or certified
385 alcohol and drug counselor, or a licensed professional counselor who
386 is eligible for reimbursement under subdivisions (1) to [(5)] (6),
387 inclusive, of subsection (d) of this section; and (3) within the scope of
388 the license issued to the center or clinic by the Department of Public
389 Health or to the residential treatment facility by the Department of
390 Children and Families.

391 (h) Except in the case of emergency services or in the case of services
392 for which an individual has been referred by a physician affiliated
393 with a health care center, nothing in this section shall be construed to

394 require a health care center to provide benefits under this section
395 through facilities that are not affiliated with the health care center.

396 (i) In the case of any person admitted to a state institution or facility
397 administered by the Department of Mental Health and Addiction
398 Services, Department of Public Health, Department of Children and
399 Families or the Department of Mental Retardation, the state shall have
400 a lien upon the proceeds of any coverage available to such person or a
401 legally liable relative of such person under the terms of this section, to
402 the extent of the per capita cost of such person's care. Except in the case
403 of emergency services the provisions of this subsection shall not apply
404 to coverage provided under a managed care plan, as defined in section
405 38a-478.

406 (j) A group health insurance policy may exclude the benefits
407 required by this section if such benefits are included in a separate
408 policy issued to the same group by an insurance company, health care
409 center, hospital service corporation, medical service corporation or
410 fraternal benefit society. Such separate policy, which shall include the
411 benefits required by this section and the benefits required by section
412 38a-533, as amended, shall not be required to include any other
413 benefits mandated by this title.

414 (k) In the case of benefits based upon confinement in a residential
415 treatment facility, such benefits shall be payable only in situations in
416 which (A) the insured has a serious mental illness which substantially
417 impairs the person's thought, perception of reality, emotional process,
418 or judgment or grossly impairs behavior as manifested by recent
419 disturbed behavior, (B) the insured has been confined in a hospital for
420 such illness for a period of at least three days immediately preceding
421 such confinement in a residential treatment facility and (C) such illness
422 would otherwise necessitate continued confinement in a hospital if
423 such care and treatment were not available through a residential
424 treatment center for children and adolescents.

425 (l) The services rendered for which benefits are to be paid for
426 confinement in a residential treatment facility must be based on an
427 individual treatment plan. For purposes of this section, the term
428 "individual treatment plan" means a treatment plan prescribed by a
429 physician with specific attainable goals and objectives appropriate to
430 both the patient and the treatment modality of the program.

431 Sec. 7. Subsection (a) of section 6 of public act 99-168 is repealed and
432 the following is substituted in lieu thereof:

433 (a) Each person licensed as an advanced practice registered nurse
434 under the provisions of section 20-94a, as amended, who provides
435 direct patient care services shall maintain professional liability
436 insurance or other indemnity against liability for professional
437 malpractice. The amount of insurance that each such person shall carry
438 as insurance or indemnity against claims for injury or death for
439 professional malpractice shall not be less than five hundred thousand
440 dollars for one person, per occurrence, with an aggregate of not less
441 than one million five hundred thousand dollars. The provisions of this
442 subsection shall not apply to any advanced practice registered nurse
443 licensed pursuant to section 20-94a, as amended, and maintaining
444 current certification from the American Association of Nurse
445 Anesthetists who provides such services under the direction of a
446 licensed physician.

447 Sec. 8. Section 40 of public act 99-284 is repealed and the following is
448 substituted in lieu thereof:

449 Each individual health insurance policy providing coverage of the
450 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
451 469 delivered, issued for delivery, renewed or continued in this state
452 on or after January 1, 2000, shall provide coverage for general
453 anesthesia, nursing and related hospital services provided in
454 conjunction with in-patient, outpatient or one day dental services if the
455 following conditions are met:

456 (1) The anesthesia, nursing and related hospital services are deemed
457 medically necessary by the treating dentist or oral surgeon and the
458 patient's primary care physician in accordance with the health
459 insurance policy's requirements for prior authorization of services; and

460 (2) The patient is either (A) a child under the age of four who is
461 determined by a licensed dentist, in conjunction with a licensed
462 physician who specializes in primary care, to have a dental condition
463 of significant dental complexity that it requires certain dental
464 procedures to be performed in a hospital, or (B) a person who has a
465 developmental disability, as determined by a licensed physician who
466 specializes in primary care, that places the person at serious risk. The
467 expense of such anesthesia, nursing and related hospital services shall
468 be deemed a medical expense under such health insurance policy and
469 shall not be subject to any limits on dental benefits under such policy.

470 Sec. 9. Section 41 of public act 99-284 is repealed and the following is
471 substituted in lieu thereof:

472 Each group health insurance policy providing coverage of the type
473 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
474 delivered, issued for delivery, renewed or continued in this state on or
475 after January 1, 2000, shall provide coverage for general anesthesia,
476 nursing and related hospital services provided in conjunction with in-
477 patient, outpatient or one day dental services if the following
478 conditions are met:

479 (1) The anesthesia, nursing and related hospital services are deemed
480 medically necessary by the treating dentist or oral surgeon and the
481 patient's primary care physician in accordance with the health
482 insurance policy's requirements for prior authorization of services; and

483 (2) The patient is either (A) a child under the age of four who is
484 determined by a licensed dentist, in conjunction with a licensed
485 physician who specializes in primary care, to have a dental condition

486 of significant dental complexity that it requires certain dental
487 procedures to be performed in a hospital, or (B) a person who has a
488 developmental disability, as determined by a licensed physician who
489 specializes in primary care, that places the person at serious risk. The
490 expense of such anesthesia, nursing and related hospital services shall
491 be deemed a medical expense under such health insurance policy and
492 shall not be subject to any limits on dental benefits under such policy.

493 Sec. 10. (NEW) (a) As used in this section, "department" means the
494 Department of Mental Retardation, the Department of Mental Health
495 and Addiction Services, the Department of Public Health or the Office
496 of Health Care Access, and "provider" means any independent
497 contractor or private agency under contract with the department to
498 provide services.

499 (b) Notwithstanding any provision of part II of chapter 10 of the
500 general statutes or any regulation adopted or advisory opinion issued
501 under said part, the department may invite a provider to participate in
502 any informal policy-making committee, task force, work group or
503 other ad hoc committee established by the department, and such
504 participation shall not be deemed to be lobbying for purposes of said
505 part.

506 Sec. 11. Notwithstanding the provisions of sections 19a-14 and 19a-
507 88 of the general statutes, as amended, and sections 19a-14-1 to 19a-14-
508 3, inclusive, of the Regulations of Connecticut State Agencies, any
509 person previously licensed to practice as a registered nurse under
510 chapter 378 of the general statutes whose license became void
511 pursuant to section 19a-88 of the general statutes, as amended, solely
512 for the failure to register and pay the annual professional services fee
513 for 1998 or 1999, or both years, may apply to the Commissioner of
514 Public Health for reinstatement of such license, and the commissioner
515 shall reinstate such license without imposing any requirements or
516 conditions other than the filing of such registration and the payment of

517 such fee or fees.

518 Sec. 12. This act shall take effect from its passage.

PH Committee Vote: Yea 24 Nay 0 JFS

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: Minimal Revenue Loss, Minimal Cost, Minimal Revenue Gain

Affected Agencies: Departments of Public Health, Mental Retardation, Mental Health and Addiction Services; Office of Health Care Access, State Comptroller, Insurance Department, Secretary of State

Municipal Impact: None

Explanation**State Impact:**

Section 1 extends, from October 1, 2000 to October 1, 2001, the authorization for a residence for terminally ill persons to receive hospice home care on a pilot basis from a licensed or certified hospice. No fiscal impact is associated with this provision.

Section 2 allows a person to be licensed as an advanced practice registered nurse (APRN) without maintaining a license as a registered nurse (RN). An estimated revenue loss of \$8,850 will result, based upon the number of APRNs who opted to not maintain a RN license prior to being mandated to do so by PA 99-168. The maximum potential revenue loss that would result if all APRNs relinquished their RN licenses would be \$91,600.

Sections 3 and 4: A minimal cost, which can be absorbed within anticipated budgetary resources, will be incurred by the Department of Public Health to adopt and implement continuing education requirements for marital and family therapists and hypertrichologists.

Sections 5 and 6 mandate payments by individual and group health care policies of services rendered by a licensed professional counselor at levels equivalent to benefits paid to physicians or psychologists for the same services. Based upon existing coverage, this provision has no fiscal impact on the state employees health service cost account.

Section 7 eliminates a requirement that a licensed APRN with a current certification from the American Association of Nurse Anesthetists and working under the direction of a physician maintain malpractice liability insurance. No fiscal impact is associated with this change.

Sections 8 and 9 require individual and group health care policies to cover anesthesia, nursing and related hospital services provided in conjunction with outpatient or one day dental services meeting certain specified standards. Based upon existing coverage, this provision is not anticipated to have any fiscal impact on the state employees health service cost account.

Section 10 exempts a private provider invited to participate in informal committees, task forces, work groups or other ad hoc committees by the Departments of Mental Retardation, Mental Health and Addiction Services, Public Health or the Office of Health Care Access from mandatory registration as a lobbyist as a condition of participation. A minimal revenue loss may result since affected providers would not pay a \$75 biennial fee to register as a lobbyist. Current practice of some departments is to invite providers to participate in ad hoc committees, whether durational or ongoing. It is not clear how many of these providers are currently registered as lobbyists solely for the purpose of participation on these ad hoc

committees.

Section 11 allows a registered nurse who failed to pay the annual license fee for 1998 or 1999, or both years, to apply for reinstatement of his or her license without having to meet examination requirements. A minimal revenue gain will result to the extent that affected individuals would otherwise not seek licensure reinstatement and pay the corresponding \$50 renewal fee.

OLR Bill Analysis

sHB 5792

AN ACT MAKING TECHNICAL AND OTHER CHANGES TO CERTAIN PUBLIC HEALTH STATUTES.**SUMMARY:**

This bill makes a number of changes, some technical, to a variety of public health-related statutes. Specifically, it:

1. adds licensed professional counselors to those health care providers who must be reimbursed by individual and group health insurers for providing mental or nervous condition treatment;
2. establishes continuing education requirements for marital and family therapists, and hypertrichologists;
3. extends for one year, until October 1, 2001, the pilot program that allows hospices to establish procedures for offering home care and supplemental services to terminally ill people;
4. specifies that advanced practice registered nurses (APRNs) certified as nurse anesthetists do not have to have malpractice liability coverage if working under a physician's direction;
5. requires that an APRN license be "eligible" for a registered nurse (RN) license instead of "maintaining" such a license;
6. requires DPH to reinstate, without conditions, an RN whose license became void for failure to pay the annual license fee in 1998 or 1999, or both, upon application and payment of the fees;
7. extends an insurance coverage requirement for certain dental services to include outpatient or one-day dental services in addition to inpatient dental services under certain conditions; and
8. allows various state agencies to invite providers to participate in

committees, task forces, and other related activities without it being considered lobbying.

EFFECTIVE DATE: Upon passage

LICENSED PROFESSIONAL COUNSELORS

By law, certain health care providers must be reimbursed under individual and group health insurance policies for mental or nervous condition diagnosis and treatment services. This includes (1) licensed physicians or psychologists, (2) licensed clinical social workers who pass the clinical exam and complete at least 2,000 hours of post-master's social work in a tax-exempt nonprofit agency, municipal, state or federal agency, or public health department-licensed institution; (3) social workers certified as independent before October 1, 1990; (4) licensed marital and family therapists who complete at least 2,000 hours of post-master's work experience in a tax-exempt nonprofit agency, municipal, state, or federal agency, or public health department-licensed institution; (5) marital and family therapists certified before October 1, 1992; and (6) licensed alcohol and drug counselors or certified alcohol and drug counselors.

The bill adds licensed professional counselors to the list of providers who must be reimbursed for such services. Licensed professional counselors can receive reimbursement when they (1) provide services in a residential treatment facility or provide outpatient services in (a) a nonprofit community mental health center as defined by the mental health and addiction services department, (b) a licensed nonprofit adult psychiatric clinic operated by an accredited hospital, or (c) a residential treatment facility.

CONTINUING EDUCATION REQUIREMENTS

The bill requires licensed marital and family therapists to participate in continuing education and provide the Department of Public Health (DPH) with satisfactory evidence of such participation in order to renew their licenses. DPH must adopt regulations (1) defining basic requirements for continuing education; (2) specifying qualifying programs; (3) establishing a control and reporting system; and (4) providing for a waiver of continuing education for good cause.

The bill also requires hypertrichologists seeking licensure renewal to participate in continuing education. Again, DPH must adopt regulations addressing the same factors listed above. Hypertrichologists remove superfluous hair by electrical or other methods.

NURSE ANESTHETISTS AND MALPRACTICE

By law, APRNs providing direct patient care services must have professional liability insurance or other indemnity against professional malpractice liability. This bill specifies that the requirement does not apply to any APRN maintaining current certification from the American Association of Nurse Anesthetists and providing services under a physician's direction.

DENTAL CARE COVERAGE

The law requires individual and group health insurance policies to cover general anesthesia, nursing, and related hospital services provided in conjunction with inpatient dental services if certain conditions are met. These are: (1) the anesthesia, nursing, and related services are deemed medically necessary by the treating dentist or oral surgeon and the patient's primary care physician according to the health insurance policy's requirements for prior authorization of services and (2) the patient is either (a) a child under age four with a dental condition or significant complexity requiring that certain procedures be done in a hospital as determined by a licensed dentist, in conjunction with a licensed primary care physician specialist or (b) a person with a developmental disability, as determined by a physician specializing in primary care, that places him at serious risk.

The bill extends this coverage requirement to include outpatient or one-day dental services, as well as inpatient care, that meet the conditions described above.

PROVIDER PARTICIPATION IN AGENCY ACTIVITIES

The bill allows the departments of mental retardation, mental health and addiction services, and public health, and the Office of Health

Care Access to invite any provider to participate in any informal policy-making committee, task force, work group, or other ad hoc committee established by the department or office. Such participation is not deemed lobbying under the bill. "Provider" means any independent contractor or private agency under contract with a department to provide services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0